FIS 0858 (08/01) Michigan Office of Financial & Insurance Services

Insurance Premium Finance Company Corporate Surety Bond

When complete, return to: Office of Insurance D P.O. Box 30 Lansing, MI	ivision	Bond Number Effective Date of Bon	nd		
Premium Finance Company Licensee Name & Address (Referred to as PRINCIPAL throughout this bond.)		Corporate Surety Name & Address (Referred to as SURETY throughout this bond.) Must be licensed to write surety business in Michigan.			
PRINCIPAL and SURETY agree 1504(2) of P.A. 352 of 1968, i administrators, successors, assig PRINCIPAL proposes to financ employee or agent, violate the provid and have no effect; otherwis Liability of SURETY for aggregat SURETY is liable for any claim	n the amount of \$10,000 in Units and ourselves. e insurance premiums in the State ovisions of P.A. 352 of 1968, as e, the agreement will be in full for e claims arising in any license year.	nited States currency. The ate of Michigan and agree amended. If PRINCIPAL rce.	es not to, directly or in performs as agreed, the	eirs, our executors, ndirectly, or by his nis obligation will be	
Michigan Commissioner with a w Seal of Principal		ast 60 days prior to the cand		=	
r	Signature of Principa		Date		
	Print Name/Title of F	Print Name/Title of Principal/Authorized Representative			
	Print Name of Secret	Print Name of Secretary/Witness			
Seal of Surety	SURETY				
	Signature of Surety		Date		
	Print Name/Title of S	urety			

PA 352 of 1968 requires submission of this form. Failure to complete and submit this form could result in denial of your application for

This form is available from our website at: http://www.michigan.gov/ofis

Our toll free telephone number is: 1-877-999-6442

